

Department of Revenue Services State of Connecticut (Rev. 12/19) 1041FA 1219W 01 9999



# Schedule CT-1041FA Fiduciary Allocation



Complete this schedule in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS). Do not use staples.

	Name of trust or estate	Federal Employer ID Number (FEIN)					
Comp	lete this schedule as follows:						
	Resident estate or trust with one or more nonresident beneficiaries: Complete Part 3, then complete Part 2.						
	Resident estate or trust with only resident beneficiaries: Complete Part 2, Column 4, if applicable.						
	Nonresident estate or trust and part-year resident trust: Complete Part 3, the the back of <b>Form CT-1041</b> , <i>Connecticut Income Tax Return for Trusts and Ex</i>						

# Part 1 - Computation of Connecticut Tax of a Nonresident Estate or Trust and Part-Year Resident Trust

1.	Federal taxable income of trust or estate from federal Form 1041, Line 23, and federal ESBT Tax Worksheet.	1.	.00
2.	Trust or estate's share of Connecticut fiduciary adjustment from <b>Schedule CT-1041B</b> , Part 1, Line e, Column 5.	2.	.00
3.	Connecticut gross taxable income as modified: Add Line 1 and Line 2.	3.	.00
4.	Connecticut taxable income from Connecticut sources: See instructions.	4.	.00

Complete Lines 5 through 8 only if a part-year resident inter vivos trust with one or more nonresident, noncontingent beneficiaries. Otherwise, go to Line 9.

5.	Enter as a decimal the percentage of resident, noncontingent beneficiaries from			
	Schedule CT-1041B, Part 2, Line 4. Round to four decimal places. 5.	►		
6.	Connecticut taxable income from non-Connecticut sources during the residency			
	portion of the taxable year as modified: See instructions. 6.	►		.00
7.	Connecticut taxable portion of non-Connecticut-sourced income during the residency			
	portion of the taxable year: Multiply Line 6 by Line 5. 7.			.00
8.	Connecticut taxable income of a part-year resident inter vivos trust with nonresident,			
	noncontingent beneficiaries: Add Line 4 and Line 7. 8.			.00
9.	If a part-year resident inter vivos trust with one or more nonresident,			
	noncontingent beneficiaries, enter the amount from Line 8. Otherwise,			
	enter the greater of Line 3 or Line 4. 9.			.00
10.	Connecticut income tax: Multiply Line 9 by 6.99% (.0699). If Line 9 is zero or less, enter "0." 10.			.00
11.	Part-year resident inter vivos trusts with one or more nonresident, noncontingent			
	beneficiaries: If Line 9 is greater than zero, enter 1.0000. If Line 9 is zero or less, enter "0."			
	All others: If Line 4 is greater than zero and greater than or equal to Line 3, enter 1.0000.			
	If Line 4 is less than Line 3, divide Line 4 by Line 3 and enter the result as a decimal on			
	Line 11. Round to four decimal places. If Line 4 is zero or less, enter "0."11.		•	
40	Allessets d Osman effect them Multime to have been and an Esma OT 4044 Line 0, 40			00
12.	Allocated Connecticut tax: Multiply Line 10 by Line 11. Enter here and on Form CT-1041, Line 3. 12.			.00



Schedule CT-1041FA (Rev. 12/19) Page 2 of 4 1041FA 1219W 02 9999



Shares of Federal

### Part 2 - Trust or Estate's and Beneficiary's Share of Income From Connecticut Sources: See instructions.

#### Beneficiary

List in same order as on Schedule CT-1041B, Part 1.

				Distributable Net		Column 3		
	Beneficiary's name and address	Beneficiary's SSN or FEIN	Connecticut resident	Column 1 Amount	Column 2 Percentage	Shares of Income From Connecticut Sources	<b>Column 4</b> PE Tax Credit	
Α.					.00 .		.00	.00
В.					.00 .		.00	.00
С.					.00 .		.00	.00
D.					.00 .		.00	.00
E.	Trust or estate's name and address				.00		.00	.00
			Total		.00 100		.00	.00

Enter the amount from Schedule CT-1041B, Part 1, Line f, Column 3, on the Total line of Schedule CT-1041FA, Part 2, Column 1. Enter the amount from Schedule CT-1041FA, Part 3, Line 24, Column B, on the Total line of Schedule CT-1041FA, Part 2, Column 3. See instructions for Column 4. The fiduciary must provide to each beneficiary a **Schedule CT-1041 K-1**, *Beneficiary's Share of Certain Connecticut Items*.





FEIN

## Part 3 - Details of Federal Distributable Net Income and Amounts From Connecticut Sources: See instructions.

fed	es 1 - 17, Column (A), are based on the entries on eral Form 1041, Page 1, with modifications as cified in instructions.		<b>(A)</b> Federal Amount as Modified	<b>(B)</b> Amount of Column (A) From Connecticut Sources	
Т	1. Interest income: See instructions for modifications	. 1.	.00		.00
N C	2. Dividends: See instructions for modifications.	2.	.00		.00
O M	3. Business income (loss)	3.	.00		.00
E	4. Capital gain (loss)	4.	.00		.00
	5. Rents, royalties, partnerships, S corporations, other trusts, and estates	5.	.00		.00
	6. Farm income (loss)	6.	.00		.00
	7. Ordinary gain (loss)	7.	.00		.00
D	8. Other income (specify):	8.	.00		.00
E D	See instructions for modifications. 9. <b>Total income:</b> Add Lines 1 through 8.	9.	.00		.00
U C	10.Interest	10.	.00		.00
T I	11.Taxes	11.	.00		.00
O N	12.Fiduciary fees	12.	.00		.00
S	13.Charitable deductions from federal Form 1041, Schedule A, Line 7	13.	.00		.00
	14.Attorney, accountant, and return preparer's fees	14.	.00		.00
	15.Other deductions: See instructions.	15.	.00		.00
	16. Total deductions: Add Lines 10 through 15.	16.	.00		.00
	17. Adjusted total income (loss): Subtract Line 16 from Line 9.	17.	.00		.00





FEIN

# Part 3 - Details of Federal Distributable Net Income and Amounts From Connecticut Sources: See instructions.

Lines 18 through 24 are based on entries from federal Form 1041 schedules.		<b>(A)</b> Federal Amount as Modified		<b>(B)</b> Amount of Column (A) From Connecticut Sources	
<ul> <li>18.Enter the amount from federal Form 1041, Schedule B, Line 3.</li> <li>19.Enter long-term capital gain and short-term capital gain included on federal Form 1041,</li> </ul>	18.		.00		.00
Schedule B, Line 5.	19.		.00		.00
20.Enter the amount from federal Form 1041, Schedule B, Line 4.	20.		.00		.00
21.If amount on Line 4 above is a loss, enter amount here as a positive number.	21.		.00		.00
22. Total: Add Lines 17 through 21.	22.		.00		.00
<ul> <li>23. If amount on Line 4 above is a gain, enter amount here.</li> <li>24. Distributable net income:</li> </ul>	23.		.00		.00
Subtract Line 23 from Line 22. Enter Column B amoun on Part 2, Column 3, Total line.	24.		.00		.00